

Natural Gas Well Completion Two Day Notification

E-mail to: DEPOilandGasSector@wv.gov

New Source Performance Standards for Crude Oil and Natural Gas Production,
Transmission and Distribution "NSPS 0000"

SECTION I: GENERAL INFORMATION

Stone Energy Corporation

Owner or Operator Name		Division of Air Quality ID Number (If Available)
6000 Hampton Center		
Street Address		
Morgantown	WV	26505
City	State	ZIP Code
David Lovett	LovettDA@StoneEnergy.com	304 225-1772
Facility Local Contact Name	E-Mail	Telephone Number
		04/19/2013
Signature		Date

SECTION II: SOURCE DESCRIPTION

1. Please check the proposed well flowback compliance option:

[x] Route flowback gas to a completion combustion device [] Use on-site as a fuel source;
[] Reinject into the well or another well [] Route flowback gas to a salable gas
[] Other _____ pipeline

2. Please complete the table below for each affected source per §60.5365.

API Number	Farm Name and Well Number	Latitude & Longitude Coordinates	Planned date of the beginning of "Flowback"	Anticipated date of well completion
47-103-02710	Lemons #1H	39.65111 80.79375	06/01/2013	04/24/2013
47-103-02711	Lemons #3H	39.65116 80.79370	06/01/2013	04/24/2013
47-103-02790	Lemons #4H	39.65112 80.79365	06/01/2013	04/24/2013
47-103-02712	Lemons #5H	39.65120 80.79366	06/01/2013	04/24/2013
47-103-02786	Lemons #6H	39.65116 80.79360	06/01/2013	04/24/2013
47-103-02713	Lemons #7H	39.65124 80.79361	06/01/2013	04/24/2013
47-103-02787	Lemons #8H	39.65120 80.79356	06/01/2013	04/24/2013

[Add rows to the table for additional wells, as necessary]